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RULE				

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/882,371 06/14/2001 PAT 6,662,033  
which is a CON of 09/003,413 01/06/1998 PAT 6,272,363  
which is a CON of 08/413,578 03/30/1995 PAT 5,782,237  
which is a CIP of 08/221,911 04/01/1994 PAT 5,421,329

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

52144

## TITLE

OXIMETER WITH SELECTION BETWEEN CALCULATIONS BASED ON PATIENT TYPE

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